

Physician Barriers to Colon Cancer Screening

Several studies have demonstrated that physician recommendation is a powerful predictor of colon cancer screening.¹⁻³ In Washington State, having discussed colon cancer screening with a physician significantly increased the odds of being up-to-date for colon cancer screening.⁴ Despite the power of physician recommendations, colon cancer screening rates are low. Physicians and other healthcare providers face multiple barriers to colon cancer screening. In this report, we discuss recent literature concerning these barriers, including physician knowledge, practice characteristics, and patient factors.

Physician Knowledge

A recent survey of internal medicine residents, internal medicine attendings, and medical students revealed that knowledge of American Cancer Society (ACS) colon cancer screening guidelines is low.⁵ The attendings were the most knowledgeable group of participants in the survey, but their mean score on items measuring colon cancer screening facts was 42%. Similarly, the mean score on knowledge of ACS screening guidelines for average-risk patients was 56% correct. Participants were also unclear about the ACS screening guidelines for high-risk patients (mean score of attendings was 54% correct). Many of the participants were also not aware of colon cancer screening tests' effectiveness in saving lives. Knowledge scores increased with amount of medical training, but were not high for any group of participants. Our recent survey of Washington primary care providers revealed that 76% of the participants recommended at least one colon cancer screening test in agreement with ACS guidelines for starting age and test frequency.⁶

Other physician surveys have revealed similar gaps in physician knowledge and perceived efficacy of colon cancer screening in saving lives.^{7,8} Physicians' methods of screening with the fecal occult blood test (FOBT) and follow-up of positive FOBT are often inappropriate. FOBT is only recommended as a home-based test with multiple stool samples,⁹ but many physicians conduct FOBT during office examinations with only a single stool sample.^{7,8} Positive FOBT should be followed with a colonoscopy, but many physicians perform follow-up with other tests (such as repeating the FOBT).⁸

Practice and System Barriers

Colon cancer screening can be conducted with a variety of different tests, so recommending colon cancer screening to a patient often involves a discussion of the different tests available. Acute care visits with patients are often short and dominated by the illness or symptoms that the patient presents with. Physicians rarely discuss colon cancer screening during these visits, rather discussing colon screening during preventive physical examination visits.¹⁰ These visits usually have sufficient time to discuss colon cancer screening. Unfortunately, preventive/routine physical appointments are not always reimbursed,^{10,11} so encouraging screening discussions in the context of other visits may be necessary to increase screening rates.

Even if a physician recommend colon cancer screening to a patient, the process of colon cancer screening has only begun. FOBT kits have to be completed by the patient at home and returned

to the physician's office or laboratory, and endoscopies have to be scheduled for a future date (usually with another physician) and then completed. We found that many physicians in Washington lack follow-up systems to ensure that colon cancer screening tests are completed.⁶ One study found that using a patient navigator system improved colon cancer screening rates; the patient navigator contacted patients, answered any questions about screening, addressed patient barriers, helped with scheduling appointments, and called patients after scheduled tests to make sure that the patient had done the test.¹²

Patient Factors

When patients are asked why they have not been screened for colon cancer, their most common answers reflect lack of awareness of the need for screening.^{3, 4, 13} Therefore, most patients are not going to initiate discussions about colon cancer screening with their physicians. Many physicians believe that patients are not interested in colon cancer screening, or are unwilling to do colon cancer screening tests because of embarrassment or anxiety about the tests.^{6, 11} Between patients' lack of awareness and physicians' beliefs that patients are uninterested in screening, it is easy to see why colon cancer screening is rarely discussed during primary care visits.¹⁴

A patient survey revealed that the majority of participants (74%) were interested in discussing their colon cancer risk with their physicians.¹⁵ Fewer participants were interested in discussing colon cancer screening tests with their physician (range 47 – 57% depending on test). The women in this sample were much more likely to be interested in discussing having a mammogram. The public's lack of awareness of and concern about colon cancer are a significant challenge for physicians, but physicians should not underestimate the power of their screening recommendations. Placing patient decision aids that give descriptions of colon cancer screening tests and help patients decide which test is best for them in clinics may improve patient awareness and spark discussion with physicians. Two colon cancer screening decision aids have been evaluated in clinical settings, with mixed results;^{16, 17} further work is needed to develop and evaluate effective decision aids.

Conclusion

Physicians face many barriers to performing colon cancer screening. These barriers occur at multiple levels, including the physician, the physician's practice setting, the health care system, and the patient. The following interventions may be useful in alleviating these barriers:

- Improving physician awareness of colon cancer screening and follow-up guidelines
- Increasing physicians' use of mechanisms to ensure that patients complete colon cancer screening tests
- Improving reimbursement for preventive care visits
- Increasing the availability of decision aids for patients in clinical settings
- Making physicians aware of the positive impact of their recommendations on patients' screening behavior

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